

You can enroll in a Starbridge limited-benefit health plan.

We want to help you make an informed decision. The brochure inside of this packet offers details about your Starbridge plan options. Before you review the brochure, please read the special notice below that highlights the annual limits for these Starbridge plan options. An “annual limit” is the maximum amount of dollars your plan will pay for a category of covered services (such as “outpatient services”) in a specific time period (such as a year).

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by Connecticut General Life Insurance Company, does not meet the minimum standards required by the Affordable Care Act described above. Instead, it puts an annual limit of:

Covered Services	Level 1	Level 2	Level 3
Outpatient Care	up to \$1,000 per coverage year	up to \$1,250 per coverage year	up to \$1,500 per coverage year
Inpatient Care	up to \$2,000 per coverage year	up to \$3,000 per coverage year	up to \$5,000 per coverage year
Supplemental In-hospital Surgery		up to \$1,500 per surgery	up to \$2,500 per surgery
Supplemental Maternity-related Illness		up to \$1,500 per occurrence	up to \$2,500 per occurrence
Prescription Coverage	Not included	up to \$300 per coverage year	up to \$600 per coverage year
Accident Medical Coverage	up to \$1,000 per accident, 2 accidents per coverage year	up to \$2,500 per accident, 2 accidents per coverage year	up to \$5,000 per accident, 2 accidents per coverage year

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 this year. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan’s representation that providing \$750,000 in coverage for key benefits this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. This waiver is valid for one year.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to: www.HealthCare.gov.

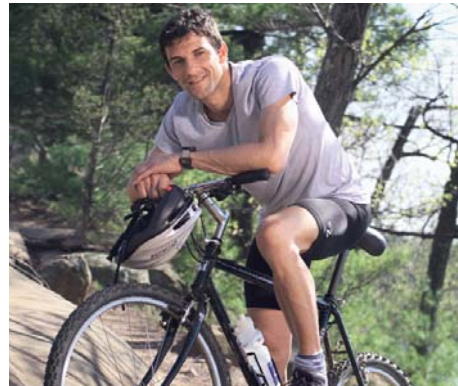
If you have any questions or concerns about this notice, contact CIGNA at 1-800-420-6308.

For plans offered in states with a Department of Insurance that offers a Consumer Assistance Program, you can contact them directly. Please see contact information on next page.

For plans offered in states with a Department of Insurance that offers a Consumer Assistance Program, you can contact them directly. Please see contact information below.

State	Primary #	Secondary #	State	Primary #	Secondary #
AL	(334) 241-4141	(334) 269-3550	MT	(406) 444-2040	
AK	(907) 465-2515	(800) 467-8725	NE	(877) 564-7323	
AZ	(602) 364-2499	(800) 325-2548	NV	(702) 486-4009	(800) 992-0900
AR	(501) 371-2640	(800) 852-5494	NH	(603) 271-2261	
CA	(213) 897-8921	(800) 927-4357	NJ	(973) 648-4713	(800) 446-7467
CO	(303) 894-7490	(800) 930-3745	NM	(888) 427-5772	
CT	(860) 297-3800	(800) 203-3447	NY	(212) 480-6400	
DE	(302) 674-7310	(800) 282-8611	NC	(919)807-6750	(800) 546-5664
FL	(850) 413-3140	(877) 693-5236	ND	(701) 328-2440	(800) 247-0560
GA	(404) 656-2070	(800) 656-2298	OH	(614) 644-2658	(800) 686-1526
HI	(808) 586-2790	(808) 586-2799	OK	(405) 521-2828	(800) 522-0071
ID	(800) 721-3272		OR	(503) 947-7984	(888) 877-4894
IL	(312) 814-2420	(877) 527-9431	PA	(717) 787-2317	(877) 881-6388
IN	(317) 232-2395		RI	(401) 462-9517	
IA	(515) 281-5705	(877) 955-1212	SC	(803) 737-6180	(800) 768-3467
KS	(785) 296-3071	(800) 432-2484	SD	(605) 773-3563	
KY	(502) 564-3630	(800) 595-6053	TN	(615) 741-2176	
LA	(225) 342-5900	(800) 259-5301	TX	(800) 252-3439	
ME	(207) 624-8475	(800) 300-5000	UT	(801) 538-3800	(800) 439-3805
MD	(410) 468-2204		VT	(802) 828-2900	(800) 631-7788
MA	(617) 521-7794		VA	(804) 371-9741	
MI	(517) 373-0220	(877) 999-6442	WA	(360) 725-7080	(800) 562-6900
MN	(651) 296-2488	(800) 657-3602	WV	(800) 435-7381	
MS	(601) 359-3569	(800) 562-2957	WI	(608) 266-3585	(800) 236-8517
MO	(573) 751-2640	(800) 726-7390	WY	(800) 438-5768	

Health coverage is within your reach.



Plan Highlights:

- Doctor visits as low as \$15
- Up to \$5,000 Inpatient Care
- Up to \$10,000 Accident Coverage
- Prescription Drug Programs
- CIGNA 24-Hour Employee Assistance ProgramSM

Plans starting at only
\$15.³³ a week

Also Available:

- Dental/Vision** Plan with Term Life Insurance included

**The vision discount program is not insurance.

Hurry! Your opportunity to enroll ends soon.



This plan does not have "Grandfathered Status" under PPACA.

**TAKE A
SHORT
QUIZ!**

**If you answer “yes” to at least one of these questions,
a Starbridge plan may be right for you.**

- | | |
|--|------------------------------|
| Do you skip check-ups or visits to the doctor when you're sick because you're uninsured? | <input type="checkbox"/> yes |
| Have you had to take unpaid time off work in the past year due to an illness or health problem? | <input type="checkbox"/> yes |
| Is it hard for you to find quality health care providers because you don't have an insurance card? | <input type="checkbox"/> yes |
| Do you buy over-the-counter medicines instead of going to the doctor or filling a prescription? | <input type="checkbox"/> yes |
| Have you ever needed help from family, friends or the government to pay for basic medical care? | <input type="checkbox"/> yes |

Who is eligible?

All temporary employees are eligible.

When will my coverage begin?

Effective 1st of the month following date of hire.

Starbridge plans give you many ways to save on medical costs.

- **Network discounts** of about 30-50% off of usual charges from network providers
- **Prescription drug programs** that offer an average of 15% off of brand name drugs and 40% off of generics
- **Inpatient (hospital) coverage** for some charges related to surgery, maternity and overnight stays
- **Outpatient coverage** for services outside of the hospital such as doctor's visits, outpatient surgery, lab work, x-rays and urgent care
- **Preventive Care services** such as screenings, consultations, immunizations and more - at no cost to you.¹

¹Preventive Services

In addition to any other preventive care services described in the plan documents, no deductible, copayment, or coinsurance shall apply to the following Covered Services. (1) evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force; (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved; (3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; (4) for women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

STEP 1: Choose the plan that's right for you.

Please refer to the medical chart at the back of this brochure for more detailed information.

Starbridge is a sickness & accident plan that covers everyday medical expenses. It is not a major medical plan and is not designed to cover major health problems like heart disease or cancer.

Medical Plans

Because these are limited-benefit plans, it's best to choose the highest level of coverage that you can afford. If you're having trouble matching your budget with your health plan needs, you may find the following guidelines useful, or you can contact a Starbridge Benefits Specialist for help at 1-877-552-5015.

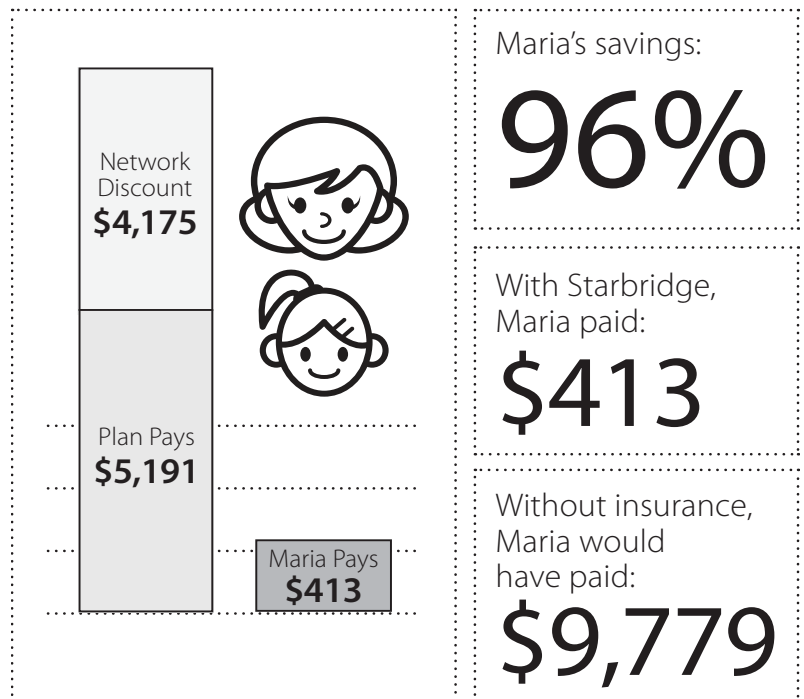
Weekly Rates	EE	EE+1	FAM
Level 1 Plan	\$15.33	\$37.83	\$57.15
Level 2 Plan	\$27.91	\$68.61	\$103.64
Level 3 Plan	\$41.54	\$101.95	\$153.99

Routine Pregnancy*

Maria was pregnant with her baby, Christina. Her routine pregnancy included:

- all pre-natal visits
- lab services
- an ultrasound
- physician's delivery package
- 2 day inpatient hospital stay

Without health insurance, Maria would have paid \$9,779. With Starbridge, Maria paid \$413 and saved \$9,366.



* Dollar amounts listed were based on National Average charge data and average network discount projections for 2010. Dollar amounts listed may not reflect actual billed charges. This document is to be used for illustration purposes only. It is not a guarantee of payment, as actual claims submitted may differ from the amounts reflected. Charts represent average savings for plan H11. Your savings may vary. Plans not available in all states.

More valuable services that are included in your plan:

Online Tools

CIGNA provides a variety of online tools available only to our members. You'll be able to locate network doctors or pharmacies that provide discounts to our members. You can also track the status of claims that have been submitted.

CIGNA 24-Hour EAP

The CIGNA 24-Hour Employee Assistance ProgramSM is available day or night for helpful information on a range of health topics. The EAP Program includes access to: a 24-hour nurse line, mental health assistance (includes 3 in-person consultations per year per condition), and a health information library.

Healthy Rewards[®]

Healthy Rewards[®] offers you discounts on health products and services such as: weight loss programs, vitamins, and dental products. You'll receive discounts of up to 60% on brand names like Weight Watchers, Jenny Craig[®] and much more.

Healthy Rewards[®] is not available in all states, and is not insurance.

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STEP 2: Choose an additional plan option.



Dental/Vision Plan Weekly Rates*

Myself only\$5.56
Myself and 1 dependent . .	.\$10.37
Family\$14.86

*The vision discount program is not insurance.

Dental/Vision Plan

Dental

It's more than just a pretty face: good health starts with your teeth and gums. If you think going to the dentist isn't really important, think again. Your dental health impacts the rest of your body in serious ways. Research shows that gum disease, an infection of your gums, puts you at risk for conditions such as heart disease, stroke, diabetes and pregnancy complications. And because gum disease is usually painless in the early stages, you may not even know that you have it. That's why going to the dentist is just as important as getting a check-up at the doctor's office.

Big savings on visits to the dentist...all for just a few dollars a week.

Starbridge offers a Dental Plan that is available to you as an additional plan option. You'll save on annual cleanings, fillings and even major procedures such as root canals. Don't wait—your health may depend on it!

Example of How the Dental Plan Works

For illustrative purposes only. Actual fee schedules vary by location.

Periodic Oral Exam	Average Cost	\$36
	CIGNA Network Discount*	-\$12
	Dental Plan reimburses you	-\$17 (see chart below)
	You Pay	\$7

* For a complete list of participating network dentists visit www.starbridge.com

This is how much you'll be reimbursed for each procedure:

Dental Plan Reimbursement Chart \$25 per person annual deductible		
Maximum Covered Charge	Maximum Covered Charge	Maximum Covered Charge
Oral Examination D0120 Periodic Oral Exam* \$17 D0140 Limited Oral Exam/Problem Focused \$27 D0150 Comprehensive Oral Exam † \$27 D9110 Emergency - Palliative Treatment \$38	X-Ray and Pathology D0210 Entire Dental Series (Intraoral) Including Bitewings** \$40 D0220 Single Film - Initial \$7 D0230 Single Film - Each Additional \$7 D0240 Intra-Oral Occlusal Film** \$10 D0250 Extraoral - First Film \$11 D0260 Extraoral - Each Additional \$9 D0270 Bitewing Film, One* \$8 D0272 Bitewing Films, Two* \$12 D0274 Bitewing Films, Four* \$17	Prophylaxis and Fluoride D1110 Prophylaxis for age 14 and over* \$30 D1120 Prophylaxis for age under 14* \$20 D1203 Topical Application of Fluoride, Child* \$12 D1204 Topical Application of Fluoride, Adult* \$12 D1351 Sealant, Per Tooth \$16
Amalgam Restoration for Primary/Permanent Teeth D2140 Amalgam Filling - 1 Surface \$35 D2150 Amalgam Filling - 2 Surfaces \$45 D2160 Amalgam Filling - 3 Surfaces \$56 D2161 Amalgam Filling - 4 or more Surfaces \$64	Extractions D7140 Extraction-Erupted tooth or exposed root \$39 D7220 Removal Impacted Tooth - Soft Tissue \$45 D7230 Removal Impacted Tooth - Partially Bony \$70 D7240 Removal Impacted Tooth - Completely Bony \$85 D7241 Removal Impacted Tooth - Completely Bony w/Unusual Surgical Complications \$85 D7250 Removal Residual Tooth Roots \$30 D7510 Incision & Drainage of Abscess \$45 D9220 General Anesthesia \$52	Periodontics D4341 Scaling and Root Planing, Per Quadrant \$72 D4355 Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation \$50 D4910 Periodontal Maintenance \$53
Synthetic Restorations D2330 Composite Resin - 1 Surface \$42 D2331 Composite Resin - 2 Surfaces \$55 D2332 Composite Resin - 3 Surfaces \$67 D2335 Composite Resin - 4 or more Surfaces \$69 D2390 Composite Resin Crown, Anterior \$77 D2391 Composite Resin - 1 Surface Posterior \$50 D2392 Composite Resin - 2 Surfaces Posterior \$68 D2393 Composite Resin - 3 Surfaces Posterior \$85		Endodontics (excluding final restoration) D3220 Therapeutic Pulpotomy \$20 D3310 Root Canal - Anterior \$125 D3320 Root Canal - Bicuspid \$135 D3330 Root Canal - Molar \$140

FOOTNOTES
 * Limited to once every 6 months
 † Limited to once every 12 months
 ** Limited to once every 3 years

Vision Discount Program*

You and your covered family members receive a membership in the CIGNA Vision Network Savings Program.

- Save up to 40% on frames
- Save \$5 off routine exams and \$10 off contact lens exams

*The vision discount program is not insurance.

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com



Term Life Insurance Plan included
when you select the Dental/Vision Plan

Term Life Insurance Plan

Protecting your loved ones financially is just as important as protecting your health. You can choose to cover yourself, your spouse or your children through this life insurance plan. In the event of a death, this plan pays the following benefits to the person chosen as the beneficiary:

- Employee \$10,000
- Spouse \$ 5,000
- Each child \$ 2,000

Note: Benefits are reduced by one half at age 70.
Policy Form # SBCII-GMP-02

Turn this page for Step 3 to enroll!

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

STEP 3: Enroll Now.



Thanks to our easy enrollment process, you can sign up for your Starbridge plan day or night.
Please have the following information ready when you enroll:

Group Number: 4489

Social Security Number: _ _ _ - _ _ - _ _ _ _ _

Which medical plan do you want? You'll need to select one of the following:

- Level 1 Plan Level 2 Plan Level 3 Plan

Which Supplemental Plan do you want? Please check all you want.

- Dental/Vision** Plan with Term Life Insurance included

**The vision discount program is not insurance.

Who do you want to cover? Be ready to identify one of these options:

- I want to cover myself only
 I want to cover myself and 1 dependent
 I want to cover my family

Note: If you choose to cover yourself and one dependent or your family in a plan, please enroll online or call during business hours, 5:00 am – 6:00 pm MST so that dependent information can be collected. This will ensure your claims are paid in a timely and accurate manner.

Confirmation Number: _____ Please take a moment to write down your confirmation number.

Once enrolled, you will receive two packets in the mail. The first packet will include your ID cards and instructions on how to get started with your new health plan. The next packet will include a copy of the benefits you signed up for and how they work.

Two Ways to Enroll.

1. Enroll by telephone at 1-877-552-5015.

Benefit Specialists are available Monday through Friday 5:00 am to 6:00 pm MST.

2. Enroll online at www.starbridge.com and click "Enroll Now."

It's fast and easy. You can access our website 24 hours a day.

Authorization: I confirm that I authorize my employer to deduct or reduce my pay for any contributions required by the plan.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and maybe subject to fines and confinement in prison.

Declination Notice: Failure to elect coverage (for yourself and/or any of your dependents) during the Open Enrollment Period may result in no coverage until the next Open Enrollment Period. It may not be necessary to wait for the next Open Enrollment Period if you qualify as a Special Enrollee.

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

Medical Benefits Chart (applies to each covered individual)

Starbridge is not a major medical plan.

Covered Services**	Level 1 (Plan H10)	Level 2 (Plan H11)	Level 3 (Plan H12)
Illness			
Doctor Office Visits*	\$15 copay	\$15 copay	\$15 copay
Outpatient Care	After \$100 annual deductible, plan pays 80% up to \$1,000 per year	After \$100 annual deductible, plan pays 80% up to \$1,250 per year	After \$100 annual deductible, plan pays 80% up to \$1,500 per year
Inpatient Care (Overnight hospital stays)	Plan pays 100% up to \$2,000 per year (\$0 deductible)	Plan pays 100% up to \$3,000 per year (\$0 deductible)	Plan pays 100% up to \$5,000 per year (\$0 deductible)
Supplemental In-Hospital Surgery		Plan pays 100% up to \$1,500 per surgery (\$0 deductible)	Plan pays 100% up to \$2,500 per surgery (\$0 deductible)
Supplemental Maternity-related illness		Plan pays 100% up to \$1,500 per occurrence (\$0 deductible)	Plan pays 100% up to \$2,500 per occurrence (\$0 deductible)
Preventive Care			
Preventive Services*	<p>Plan pays 100% for PPACA-required preventive services</p> <p>"PPACA" refers to the Patient Protection and Affordable Care Act which requires that health insurance companies cover preventive services with no-cost sharing (such as co-pays and/or coinsurance amounts). The inclusion of coverage for preventive services with no cost-sharing assumes that the PPACA requirement will not be waived by the Secretary of Health and Human Services. Cost-sharing may apply for preventive services not included in the PPACA regulations.</p>		
Injury			
Accident Medical Coverage For up to two (2) accidents per year	After \$50 deductible, plan pays 80% up to \$1,000 per accident (up to \$2,000 per year)	After \$50 deductible, plan pays 80% up to \$2,500 per accident (up to \$5,000 per year)	After \$100 deductible, plan pays 80% up to \$5,000 per accident (up to \$10,000 per year)
Accident Death Benefit	\$10,000	\$15,000	\$25,000
Pharmacy			
Prescription Discount ¹	Discounts on Brand Name and Generic drugs available		
Prescription Coverage	Not included	Copays: \$15 for generic, \$30 for brand name. Plan pays cost difference up to \$300 per year	Copays: \$15 for generic, \$30 for brand name. Plan pays cost difference up to \$600 per year

PLEASE NOTE: If a customer is treated in an Emergency Room (ER) for a true emergency, the plan may cover a portion of those costs under the Outpatient, Inpatient and/or Accident coverage depending on how the ER bills or whether the injury was the result of an accident. However, if a customer receives non-emergency treatment in the ER (care that could be provided at a doctor's office, an urgent care center, or a convenience care center), coverage for those ER charges is reduced to: \$100/deductible per occurrence and 50% plan coverage of the total bill, up to \$500 per year (this will count toward the "Outpatient Care" annual maximum). Customers must pay any amounts above what the plan pays. The coverage above is provided by policy form SBCII-GMP-02. All coverage amounts and maximums are per individual customer coverage year unless otherwise stated. Starbridge utilizes the CIGNA PPOSM Network so our customers get discounts on outpatient and inpatient services.

*In addition to amounts paid for Outpatient Care Services, amounts paid for Doctor Office Visits and Preventive Care Services will also count toward the "Outpatient Care" Annual Maximum. However, even if the amount your plan pays for Outpatient Care Services exceeds your Outpatient Care Annual Maximum in a single coverage period (such as a year), your plan will continue to pay 100% for PPACA-required Preventive Care Services while your coverage is in effect. But once the "Outpatient Care" Annual Maximum is reached, expenses incurred for other Outpatient Care Services will not be covered. **Mandated benefit may vary by state.

¹The Prescription and Healthy Rewards discount programs are not insurance, and customers must pay the full discounted charges. Some Healthy Rewards not available in all states.

Questions? Call a Starbridge Benefits Specialist: 1-877-552-5015 • www.starbridge.com

SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, or Qualified Medical Child Support Order you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Loss of coverage (non-COBRA) that can qualify for Special Enrollment includes, but is not limited to:

Loss of eligibility for coverage as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death of an employee, termination of employment, reduction in the number of hours of employment, and any loss of eligibility for coverage when a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual.

To request special enrollment or obtain more information, contact a Customer Service representative at 1-877-552-5015. Representatives are available Monday through Friday, 5 AM to 6 PM, Mountain Standard time.

LIMITATION FOR PRE-EXISTING CONDITION¹ – The Pre-Existing Condition Limitation provision described below does not apply to anyone who is under 19 years of age.

Pre-Existing Condition means a condition for which a Covered Person has been medically diagnosed, treated by, or sought advice from, or consulted with, a Doctor during the 6 months before his effective date of coverage (or waiting period start date) under this Policy. Benefits for this coverage shall not be payable for a Pre-Existing Condition as defined herein. This provision will cease to apply to any expenses incurred in connection with a Pre-Existing Condition after 12 months of continuous coverage (or 12 months from your waiting period start date).

The Pre-Existing Condition Limitation above does not apply to newborn or adopted children, or to any pregnancy. Pregnancy, and genetic information with no related treatment, will not be considered Pre-Existing Conditions. Any Pre-Existing Condition limitation can be reduced by that period of time the Covered Person was previously covered for the condition causing claim; provided, such Covered Person:

1. Was validly covered under his prior plan with Creditable Coverage, within 63 days prior to becoming insured under this policy; and
2. Became insured under this policy within 63 days after termination of his prior coverage exclusive of any waiting period.

BENEFIT LIMITATIONS¹ – Coverage is not provided for services, supplies or equipment when a charge is not usually made in the absence of insurance.

No coverage is provided for loss caused by or resulting from:

1. Injury or sickness arising out of or in the course of employment;
2. War or act of war
3. Expenses which are not ordered by a Physician;
4. Cosmetic surgery. This does not apply to reconstructive surgery due to:
 - a. trauma, infection, or other disease; or
 - b. congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - c. surgery on a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy.
5. Hearing examinations or hearing aids;
6. Vision services and supplies other than for a disease process, radial keratotomy, keratomileusis or excimer laser photo refractive keratectomy or similar type procedures or services;
7. Charges made by a health care provider who is a member of your family or who is living with you;
8. Custodial Care confinement in a Hospital or Skilled Nursing Facility;
9. Home Health Care Services, unless provided in place of a Hospital confinement.
10. Commission of a felony;
11. Manipulations of the musculoskeletal system;
12. The treatment of mental or nervous disorders, alcoholism, or any form of substance abuse, except as specifically provided;²
13. Intentionally self-inflicted injury or suicide attempt;
14. Dental care and treatment, except that required by injury and rendered within 6 months of the injury;
15. Treatment which is experimental or investigational;
16. Any expense incurred after the date the policy terminates.

DEFINITION OF DEPENDENT¹ – Your Dependent is:

1. Your spouse,
2. Your children up to age 26.

ACCIDENTAL DEATH – No coverage is provided by death caused by:

1. War or act of war
2. Suicide within 2 years of your effective date,
3. Medical or surgical treatment of sickness of disease, or
4. Flight except as a passenger in a commercial airline.

DENTAL EXCLUSIONS

Benefits will not be paid for dental expenses arising from or in connection with:

1. Services or supplies for which a charge is not customarily made in the absence of insurance.
2. Injury arising out of or in the course of employment; or which is compensable (in South Dakota, which is paid) under any Workers' Compensation or Occupational Disease Act or Law.
3. Declared or undeclared war, or act of war.

4. A service furnished to a Covered Person for:
 - a. Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, or pontics, posterior to the second bicuspid shall always be considered cosmetic;
 - b. Dental care of a congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule of Benefits).
5. Replacement of lost or stolen appliances.
6. Appliances, restorations, or procedures for the purpose of altering vertical dimension, restoring or maintaining occlusion, splinting, or replacing tooth structure lost as a result of abrasion or attrition, or treatment of disturbances of the temporomandibular joint. In Arkansas, treatment for the temporomandibular joint is not excluded.
7. A service not furnished by a Dentist, except:
 - a. That performed by a Dental Hygienist under the supervision of a Dentist;
 - b. X-rays ordered by a Dentist.
8. Intentionally self-inflicted injury or suicide attempt.

TERM LIFE INSURANCE EXCLUSIONS

If a Covered Person should die while insured under the policy, We will pay the amount of life insurance in force on the Covered Person's life at the time of death. Payment will be made in one sum to the beneficiary designated by the Covered Person. Payment will be made upon Our receipt of due proof of death. If there is no surviving named beneficiary, payment will be made to the Covered Person's estate. In such case, at Our option, payment may be made to any one or more of the following relatives: wife, husband, father, mother, child or children, brothers or sisters.

Change of Beneficiary

The Covered Person may name a new beneficiary at any time by filing with the Holder a written request on forms furnished by Us. The Holder will send the request to Us. When the request is received by Us from the Holder the change will relate back to and take effect as of the date it was signed. This is the case whether the Covered Person is alive or not when We receive the request. Even though the change of beneficiary will relate back to the date it was signed it will be without prejudice to Us on account of any payment We have already made.

Benefit Limitations

No coverage is provided for loss caused by or resulting from:

1. Death while the Covered Person is a resident outside the United States, U.S. Territories, and Canada; or
2. Death within 2 years from the Covered Person's effective date of coverage as a result of suicide, while sane or insane.

TERMINATION

A Covered Person's coverage will terminate at 12:01 a.m. Standard Time at Your home on the earliest of the following:

1. The date the Policy terminates;
2. The date this Certificate terminates;
3. The date coverage is terminated by Us for all certificate holders in Your state;
4. The date we receive a written request to terminate coverage.
5. The end of the period for which premium is paid, subject to the Grace Period.
6. The date a Covered Person enters the armed forces of any country. Membership in the reserves or in the National Guard is not deemed entry into the armed forces. Active duty service in the reserves or National Guard for a period of 31 consecutive days or more will be deemed entry into the armed forces.
7. With respect to a Dependent spouse, the date the spouse no longer qualifies as a Dependent, unless coverage is continued as stated in the Continuation of Coverage provision.
8. With respect to a Dependent child, the date that child no longer qualifies as a Dependent, unless coverage is continued as stated in the Continuation of Coverage provision.

At least 60 days prior written notice will be given to You if We terminate Your coverage for any reason, except for nonpayment premium.

FOOTNOTES

1. Provisions, Limitations & Exclusions may vary where required by state law.
2. Where treatment of mental or nervous disorders, alcoholism, or substance abuse coverage is mandated by state law, program complies with the federal mental health and substance abuse parity requirements.

Underwritten by **Connecticut General Life Insurance Company**. This plan is not available in all states. Plan design and rates may vary. "CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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April 1, 2011

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

The Patient Protection and Affordable Care Act of 2010 (the "Act") requires that we provide the following notices regarding two changes brought about by the Act.

Dependent Coverage

Individuals whose prior coverage ended, or who were denied coverage (or were not eligible for coverage) under the plan while under the age of 26 because they at that time exceeded the age of dependents eligible to enroll are eligible to enroll in your CIGNA Starbridge plan. Individuals may request enrollment for such children for 30 days from the date of this notice. Enrollment will be effective May 1, 2011. For more information contact the CIGNA Starbridge Customer Service Team at 1-800-511-2902.

Lifetime Dollar Limits

Lifetime benefit maximum provisions are now prohibited. The CIGNA Starbridge plan does not have any lifetime limits. If you satisfy the eligibility requirements for this plan, you are eligible to enroll without regard to whether you previously exceeded the lifetime benefit maximum under a prior plan. Eligible individuals have 30 days from the date of this notice to request enrollment. For more information contact the CIGNA Starbridge Customer Service Team at 1-800-511-2902. Please note that the annual limits on benefits in your employer's current Starbridge plan still apply (as permitted by the Secretary of Health and Human Services until 2014).



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